

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/937238	FILING DATE				
						APPLICANT(S)					
						CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
2							52				
3		1					53				
4		1					54				
5		1					55				
6		1					56				
7		1					57				
8		1					58				
9							59				
10							60				
11							61				
12							62				
13							63				
14			1				64				
15			1				65				
16			1				66				
17			1				67				
18			1				68				
19			1				69				
20			1				70				
21			1				71				
22			1				72				
23			1				73				
24			1				74				
25			1				75				
26			1				76				
27			1				77				
28			1				78				
29			1				79				
30			1				80				
31			1				81				
32			1				82				
33			1				83				
34			1				84				
35			1				85				
36			1				86				
37			1				87				
38			1				88				
39			1				89				
40			1				90				
41			1				91				
42			1				92				
43			1				93				
44			1				94				
45			1				95				
46			1				96				
47			1				97				
48			1				98				
49			1				99				
50			1				100				
TOTAL IND.			3				TOTAL IND.				
TOTAL DEP.			1				TOTAL DEP.				
TOTAL CLAIMS			10				TOTAL CLAIMS				